

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16888

FILED
Jan 29, 2007
Secretary of State

Entity Name: CHILD SPONSORSHIP PROGRAM, INC.

Current Principal Place of Business:

1511 GLASTON BERRY RD
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 300108
FERN PARK, FL 32730 US

New Mailing Address:

FEI Number: 59-2714867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, CHARLES F
1511 GLASTON BERRY RD
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALTIZER, RAYMOND
Address: 1760 CHOCTAW TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: PICARD, JEAN-CLAUDE
Address: 7237 PLEASANT DR.
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: SCOTT, MARY
Address: 1511 GLASTONBERRY RD
City-St-Zip: MAITLAND, FL

Title: D () Delete
Name: SCOTT, CHARLES F
Address: 1511 GLASTONBERRY RD.
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: COLLINS, MARY KAY
Address: 341 N. ORLANDO AVE
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: NEWHAM, BOB
Address: 2 CARRIAGE HILLS
City-St-Zip: CASSELBERRY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PICARD, JEAN-CLAUDE
Address: 8630 VALLEY RIDGE CT.
City-St-Zip: ORLANDO, FL 32818

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES F. SCOTT

D

01/29/2007

Electronic Signature of Signing Officer or Director

Date